

Instructions for Completing the Maine Carrier Report

Required by 24-A M.R.S.A. § 4302(4)

This report must be filed by all carriers (as defined in the definitions in Title 24-A MRSA § 4301-A) that provide only administrative services for plan sponsors. Information is to be reported for all covered Maine residents for the most recent calendar year. Information is provided on dollars paid for Health claims on behalf of Maine residents to any provider, regardless of provider location or the location of the plan sponsor. Information is collected for Health care claims, including Dental, Medical and Pharmacy.

Report Form Location:

http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html. Scroll down to Carrier Report to get the most recent version of the report form. **Older versions of the Carrier report form will fail to load into our database and will be returned. All fields on the form are required and must be completed.**

Who Must Complete and Return the Form:

- All companies licensed in Maine and having authority to write Health insurance.

Include:

- Health claims processed for self-insured groups (including ERISA plan sponsors and non-ERISA groups).
- Claims Paid on behalf of Maine residents to any provider, regardless of provider location.
- Claims Paid on behalf of Maine residents, regardless of where the plan sponsor is located.
- Claims for optometric exams and vision health exams. The only exclusion related to vision claims is for durable equipment charges (e.g., hardware like eye glasses or contact lenses).

Exclude:

- Health claims for Maine residents that were paid through fully insured (premiums-based) coverage.
- Claims for specific disease, accident, injury, hospital indemnity, disability income, long-term care, student comprehensive health, stop loss, and supplemental health coverage (e.g., Medicare Supplement, Tri-Care Supplement or other supplemental health) unless the payer is primary.
- Workers' Compensation and claims paid from Medical Savings Accounts.

Edit Checks:

- If Section III = YES, then you must report at least one claim in Section IV.
- In Section IV, the Claim Type must be either M (for Medical) or D (for Dental) or P (for Pharmacy).
- In Section IV, each combination of Self-Insured Group Name, Group Code and Claim Type must be unique. For example, you may not have more than one row containing Group Name: ABC Company, Group Code: 12345 and Claim Type = M.
- In Section IV, the Number of Claims Paid must be numeric and > 0.
- In Section IV, the Amount of Claims Paid must be numeric. Negative numbers and zero are allowed.

Questions

- If you have questions related to completing this report, please contact Brad Brown at Bradford.L.Brown@maine.gov or (207)-624-8478.

Return Form To:

- Save the completed Excel spreadsheet with the file named as follows: Company Name followed by a space, followed by your NAIC code (e.g., ABC Insurance Company 12345.xlsx). Send it as an e-mail attachment to Bradford.L.Brown@maine.gov. **Because many companies file other report forms with**

the Maine Bureau of Insurance, please specify the name of the report form that you are filing (e.g., Carrier) in the body or subject line of your e-mail.